

SPECIAL TEST EQUIPMENT DESIGN BRANCH SUPPORT REQUEST ⁽¹⁾

Need Date ⁽²⁾	WBS Number:		
Project:		Keyword Title:	
Requester Name:		Phone Number:	Org. Code:
Signature:		Date:	
Will hardware produced by this request directly interface with flight or configuration controlled hardware?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

[illegible]

Comments:

DISPOSITION OF SUPPORT OUTPUT

☐ Provide _____ copies of 90M document(s) to Requester. ☐ Other (Provide explanation in comments block above.)

NOTES

1. Refer to ET01-STE-001 for instructions and requirements for submitting this form.
2. The need date must be realistic and provide sufficient time to complete each requested activity. Allowances must be made for any necessary external design reviews (Stress, Material, Safety, Quality, etc.) or Manufacturing. ET50 can not provide schedule or cost estimates for these activities.

FOR ET50 INTERNAL USE ONLY

Date Received:	Assigned To:	Date Assigned:
Design Work ID Number:		